

McGraw-Hill of Columbia  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH  
County of Marion  
Township of Sydney  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1586 Registered No. 75  
(For use of Local Registrar)

(2) Full Name of Child Ray Louis Murrow If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 29 1915</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Walter Louis Murrow</u>	(14) NAME BEFORE MARRIAGE <u>Paula Andrus</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lane R.F.D.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sydney R.F.D.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Marion Co</u>	(18) BIRTHPLACE <u>Marion Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Marion Co on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Paul  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Harbottle S.C.

Given name added from a supplemental report <u>191</u>	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>R. M. Jones</u>
(27) Filed <u>Aug 5 1915</u>	(28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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